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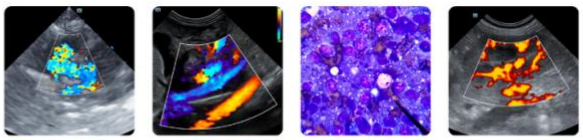

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Zena Braghini

SPECIES

Canine

BREED

Beagle

SEX

Female Spayed

AGE

12/14/2011

WEIGHT

49.5 lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VC of Myrtle Beach

REFERRING VET

Dr Rebeccah Rodger

INVOICE

23017

DATE

5-15-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pt presented 5/11 for soft stool for the last few weeks. Initial bowel movements are firm in the morning but soften towards the end of the day and often result in tenesmus with mucus production. Hx of coprophagia and ingestion of foreign material in the yard.

Abdomen soft on PE, no rectal masses noted on palpation; Hx of severe hip OA, marked resistance to extension. Hx of hypothyroidism.

Abd rads performed - soft tissue structure noted in the mid/ventral abdomen just caudal to the liver

Pt doing well with supportive care (propectalin, switching to w/d food only)
Abnormal lab-work values: ALP 726 (H) on 6/7/2025
Current Medications: Thyro tab 0.5mg / day; propectalin, Rimadyl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0-4.0 cm, are normal.

The left kidney is normal in size (5.66 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.51 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.86 cm at cranial pole) (0.70 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.53 cm in width at the level of the hilus) with slightly irregular peripheral contours. There is appropriate echogenicity and echotexture. A 2.1 x 1.4 cm hypoechoic- to heterogenous macronodule is observed within the parenchyma, approximately mid-spleen. A 0.68 cm cystic nodule is also observed at the craniolateral aspect. In addition, a 0.99 cm hypoechoic- to anechoic, slightly expansile nodule is observed at the lateral aspect, approximately mid-body. The remaining parenchyma is relatively homogenous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged, with swollen peripheral contours. A 7.0 x 4.3 cm heterogenous cavitated mass is observed on the left side. In addition, a 1.6 x 1.0 cm hypoechoic nodule is seen deep left to mid-liver. The remaining parenchyma is isoechoic relative to the spleen and subtly mottled in appearance.

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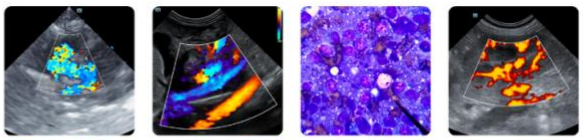

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Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large cavitated left hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) is suspected with a lower possibility of a non-neoplastic process. The hypoechoic hepatic nodule could be consistent with a metastatic lesion or a benign focus (i.e., regenerative nodule, inflammatory lesion, other). The diffuse hepatic parenchymal changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

- The splenic nodules could be consistent with neoplasia (i.e., metastatic vs primary splenic lesions) or benign lesions (i.e., foci of lymphoid hyperplasia and/or cysts).

Secondary Findings

- Bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- If an aggressive approach is desired, consider a consultation with a board-certified surgeon to discuss hepatic mass removal or debulking, along with a splenectomy and submission of the spleen for histopathology. Aspiration of the splenic macronodule can be considered prior to surgery (assuming

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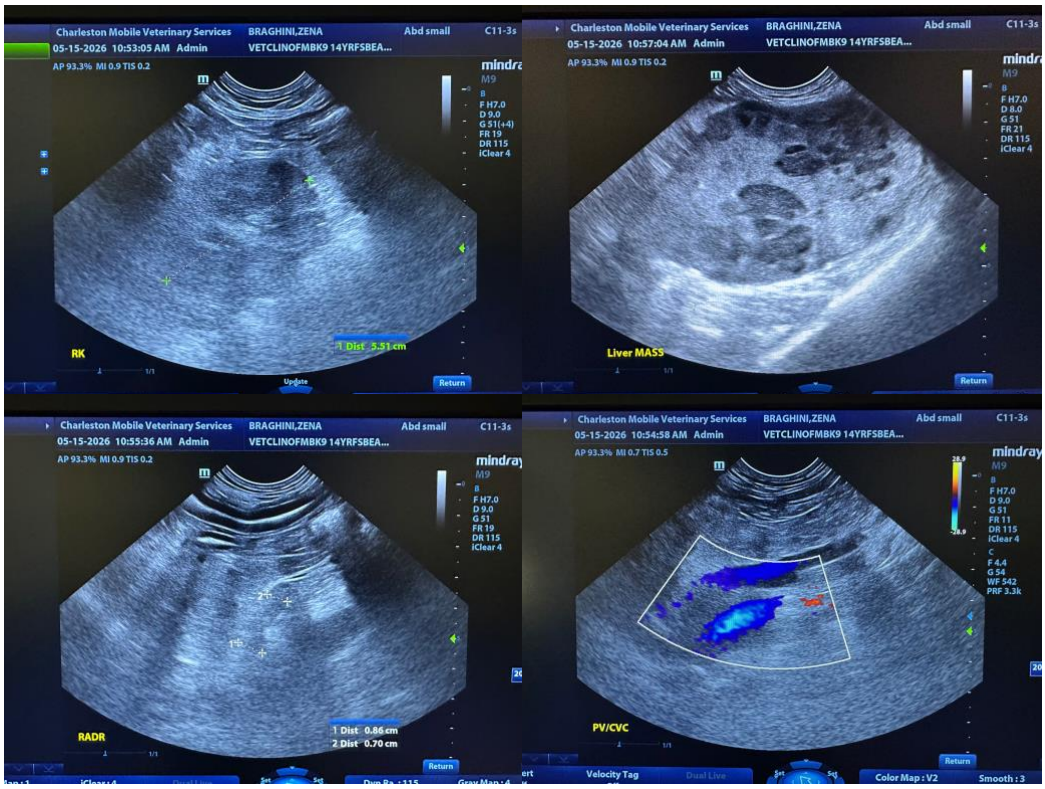
normal clotting status). A 25-gauge needle should be used. However, aspiration of the hepatic mass is not recommended due to its cavitated nature and the risk of iatrogenic hemorrhage with the procedure.

- If further diagnostics are not pursued, palliative care is recommended.



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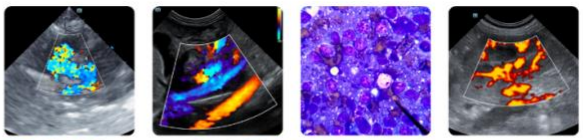

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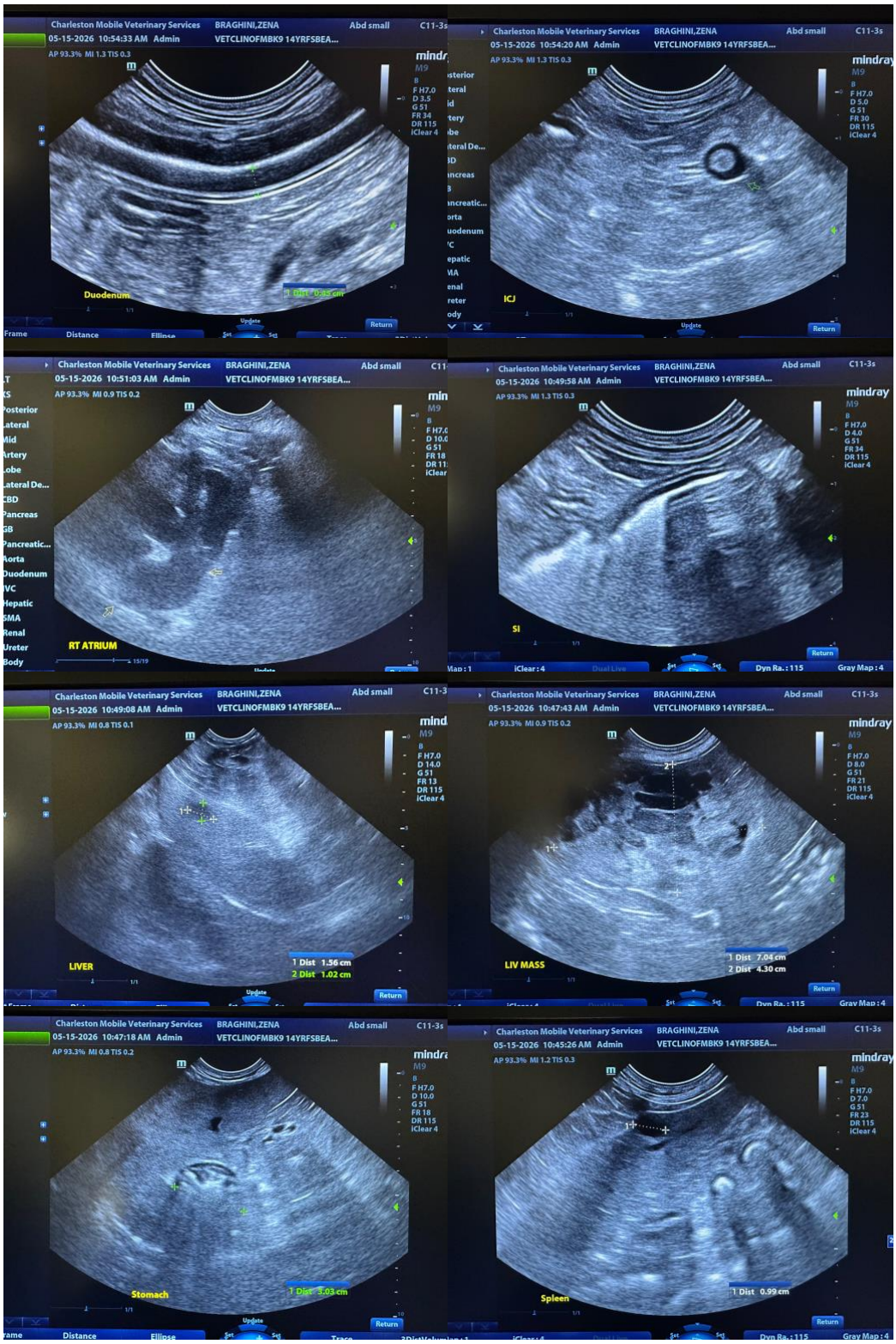

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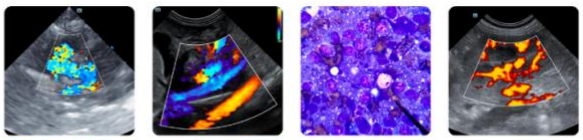

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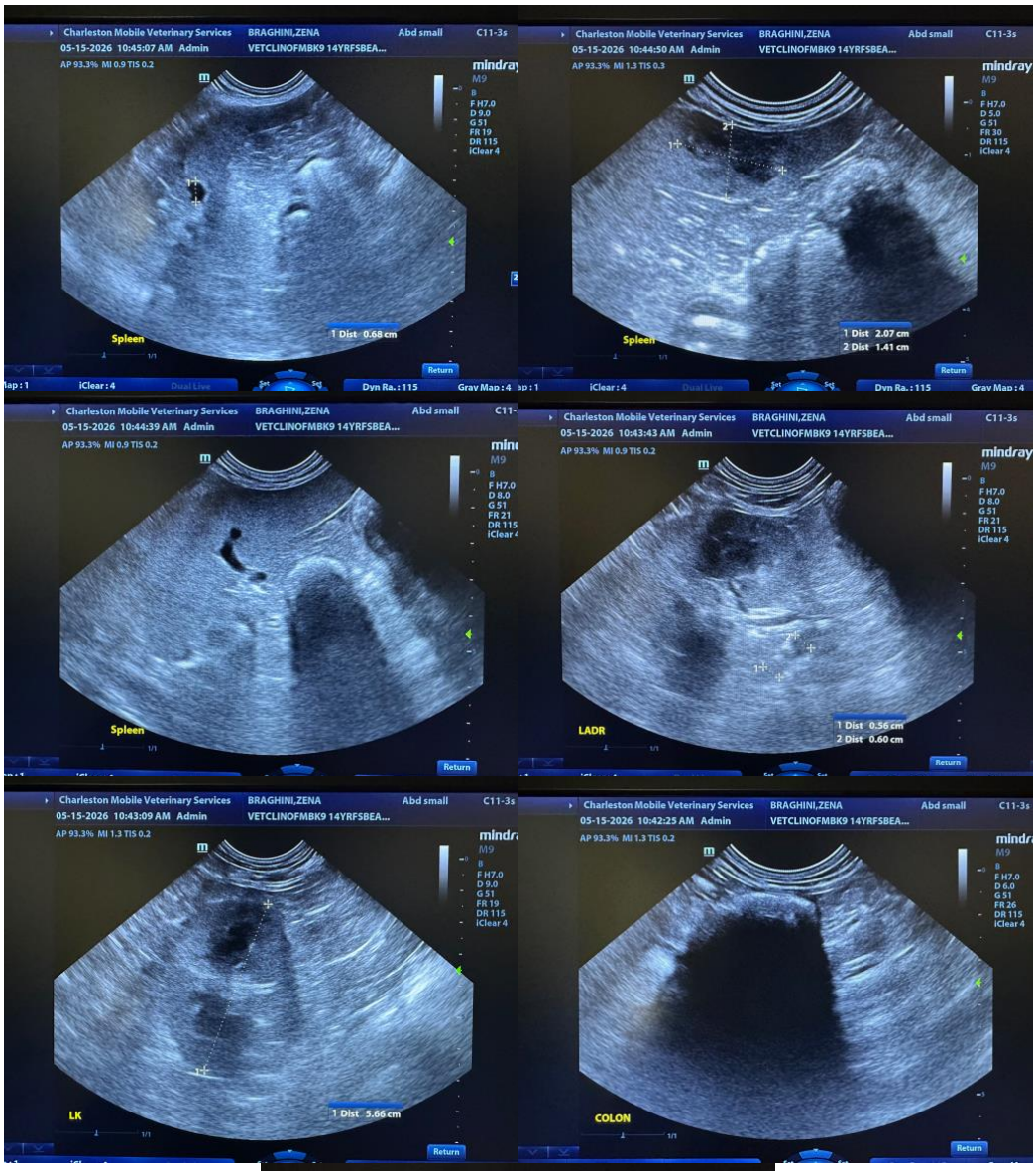

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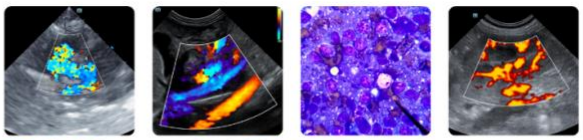

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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